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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Meritage Homes **Address:** 11605 N Community Rd #250 Charlotte NC 28277 **Phone:** 7046588616

Owner Name: // **Address:** // **Phone:**

Property Information:

Street Address: 107 S San Agustin Dr

Subdivision Name: Bells Crossing **Section/Phase:** 1 **Lot Number:** 14

Driving Directions:

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: [signature] 11-18-15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $350.00 RH
9-24-13

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ☑ Improvement Permit ☐ Authorization To Construct ☐ BOTH ☐ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted:
Place check ( ) beside whichever is submitted if applicable
☑ Survey Plat, Scaled no more than 1 Inch = 60 Feet
☐ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes of the Carolinas, Inc	7761 Ballantyne Commons Pkwy Ste. 103 Charlotte, NC 28277		704-351-5405
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes of the Carolinas, Inc	same		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bells Crossing	Lot 14

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing
lot xxx on left after club house — NOT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

☑ New, Single Family Residence
( ) New, Multi-Family Residence
☐ Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

— Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

☐ Crawl Space Foundation?
☐ Concrete Slab Foundation?
☐ Basement w/Plumbing?
☐ Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ☑ Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

☐ Alternative ☑ Conventional ☐ Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes ☑ No Does the site contain any jurisdictional wetlands?
( ) Yes ☑ No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ☑ No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Will Bill — 9-17-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE